

S. S. YUDIN: A STUDY IN
FRUSTRATION

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From the Department of Surgery and Clinics,
Colorado State University, Fort Collins, Colo.

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The room was little enough, and it seemed almost anticlimactic to look around at the high, dingy ceiling and dirty walls, but little relieved by light from the tall-paned windows. The room wasn't very impressive, for such an important place—the office of the Commissar of Public Health—but then, there were only about twenty people gathered for the meeting, and they were all standing.

It was July of 1943, and the trek had been a gruelling one. Bucket seats for hours at a time cut in on the hamstrings; and the cabins were cold aloft, then burning hot on the military aerodromes at Castel Bonito, Cairo, and Teheran. The DC-3 had lumbered surely, but with exasperating indolence, across the deserts where just last year the armies of Rommel and Montgomery had surged and ebbed. The Commission—distinguished, if not youthful—was ill-trained for the ordeal. From Cairo to Teheran the Liberator flew at 13,000 feet and Elliott Cutler had Cheynes-Stokes respiration; Gordon Taylor became cyanotic; and Wilder Penfield had scintillating scotoma, homonymous hemianopsia, and migraine headache (self-diagnosis).

Even after the members had been settled in the National Hotel in Moscow, Rock Carling and Loyal Davis had persistent diarrhea and abdominal pain. The trip in the dilapidated springless cars to visit hospitals on the front, 270 kilometers away at Vyazma, had been a two-day ordeal in the rain, while the "higher-ups" had sparred on the subject of protocol and agenda. The Commission had wished to make the presentation at a glittering medical gathering, with pomp

appropriate to the possible portent of the occasion, but the Commissar had decreed, for reasons best known to himself, that the ceremony should take place before a hand-picked group in his office. Nicolai Nilovic Burdenko, Chief Surgeon of the Red Army, had explained that it was because a battle was in progress and there were not many outstanding surgeons left in Moscow "worthy of participating in such a ceremony." In actuality, it appeared that there were only twelve worthy to attend the awarding of Honorary Fellowships in the American and Royal Colleges of Surgeons to two Soviet Surgeons, even though it was the first time that the American Fellowship had ever been conferred outside of the confines of the United States.

After Gordon Gordon-Taylor and Reginald Watson-Jones had presented the English Fellowships, Elliott Cutler had said,

This gathering is momentous. We doctors now signify to the solidarity and common purpose of a majority of living peoples. The occasion justifies the hope that this junction of our races is but the beginning of a friendly and cooperative liaison for all time. . . .

The second investiture had been completed, and now the lean, ascetic recipient with the receding forehead and prominent spectacles was responding with animation, his long, tapered fingers gesticulating to emphasize his comments, which were delivered in English with an accent that seemed more French than Russian.

You will easily understand my animation when, immediately after one high honor, the surgeons of a second great allied country, U. S. A., bestow on me another.

I know a little of your beautiful country. I am proud of my personal acquaintance—and even friendship—with George Crile, Howard Kelly, the brothers Mayo, and other American surgeons of world fame.

By the way, it is an astonishing fact that this day of my decoration by the Allies completely coincides with the day I was severely wounded by a German shell on the eve of July 15, 1915.

For the second time in the same quarter of a century our nations are united in their hard efforts to save their countries and the world's civilization. . . . Victory will be ours. Nobody has any doubts about it, even our enemies. Let our scientific relations, which have begun in time of such strained military needs, get stronger and flourish more and more after this victory and the won peace.

In times of struggle, surgery is as necessary for victory as arms, transport, and all kinds of supplies. But when the last gun of the enemy will cease and the released humanity will turn with hope to the restoration of great destroyments caused by the war, we surgeons will have to heal the wounds and injuries of hundreds of thousands of people, who have won for us this victory.

Your high election of me as Honorary Fellow of the American College of Surgeons will serve as a new additional stimulus for further development of my scientific work in surgery. . . . Once more, I deeply and sincerely thank you.

With the gracious permission of the Commissar of Public Health, Sergei Sergevitch Yudin then posed for a photograph—in his academic gown and holding his two hoods—between mufti-clad Elliott Cutler and Gordon-Taylor. But the fate of the picture was prophetic: It was never seen by any member of the Commission or any physician outside the U.S.S.R. The promised opening of a path of communication offered by this meeting of distinguished Allied surgeons had, like the unseen photograph, failed to materialize. The follow-up never took place, and Russian surgery disappeared behind the Iron Curtain of official decree. Vice-Commissar Kolesnikov was realistic when, after the presentation, he told Loyal Davis that he thought it very desirable to exchange medical information, but that he would “have to take it up at a higher level.” Meanwhile, Yudin had already left for the front to operate with his famous “femur brigade.”

Like most imaginative, pioneering men,

Yudin's life had been marked by opposition, misunderstanding, and persecution. Revolutionary Russia was bound to be cruel to an individualist of such talent. Born of affluent parents in Moscow in 1891, his early years must have been exciting and happy as his inexhaustible energy and boundless curiosity responded to the cultural milieu of Czarist Moscow and St. Petersburg. He entered Moscow University School of Medicine at the age of 22, and while there, married a girl of considerable wealth. While preparing for his surgical career, Professor Gubarev, a restless gynecologist with a flare for surgery and the designing of surgical instruments, was perhaps his most important influence.

Before completing his medical education, however, he entered the armed services at the outbreak of war in 1914 and was wounded three times, the last time severely (July 15, 1915): shrapnel, entering the spine, left him paralyzed for many months. Just as he was recovering, the October Revolution of 1917 burst into his world. When the smoke cleared, Russia was out of the war, he and his wife had been stripped of their possessions, and he, a Zemstvo physician subject to assignment by the State, found himself at the Zakharino Sanatorium on the outskirts of Moscow.

There he taught himself surgery, exploring ways and means of performing more and more extensive thoracoplasties for chronic empyema.

His next assignment, in 1922, took him to a small hospital at the textile town of Serpukhovski, where the facilities were mediocre but the clinic load was great. There he turned his attention to a variety of problems—and made certain that he presented his results as frequently as possible to the conferences of the Moscow Surgeons' Society. Surgical reports flowed from his pen: radical gastrectomies for ulcer; a hemipelvectomy for sarcoma (performed on a woman who subsequently bore a living child); plastic formation of neovaginas; and a book on local anesthesia (which won the Rein's prize as the best publication on surgery in the U.S.S.R. for 1924-25). His mastery of his

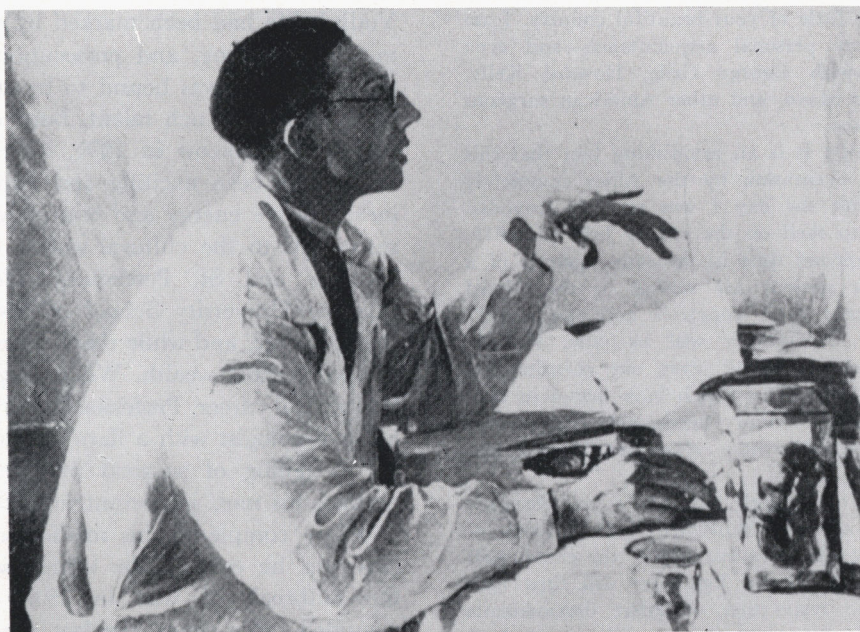


Fig. 1. Portrait of "S. S.," busy at his desk, with the long facile fingers—of which he was so justifiably proud—prominently displayed. (From a photograph given by Yudin to Gordon-Taylor.⁸ From *Annals of the Royal College of Surgeons of England*.)

art was expanding rapidly; and recognition of that mastery was growing. He was elected to membership in the Russian Surgical Association and in 1926 he was sent to the United States, although his wife was not allowed to accompany him. There he visited Babcock, Crile, Cushing, Kelly, and the Mayos, and wrote of his experiences in a series of letters published under the title, "A Guest of American Surgeons." Thus, when Krasintsev, Chief Surgeon of the Sklifosovski Institute (central emergency hospital of Moscow) died in 1928, available was an energetic surgeon of great versatility and wide renown who, although not a party member, had not as yet run afoul of officialdom. He accepted this important assignment with enthusiasm.

The Sklifosovski had originally been a sanatorium called the Sheremetief Hospital, but after the Bolshevik victory in 1917 it had been renamed and converted to serve as the central emergency hospital of Moscow, a role it has performed ever since. Thus, in 1928, a tremendous volume of traumatic

and emergent surgical cases were selectively funneled into the operating suite of the new director—and a more versatile and imaginative recipient would be hard to visualize. Only think of having all those in a large metropolitan city who had suffered a bad accident, bleeding ectopic pregnancy, fractured hip, burned esophagus, perforated or bleeding ulcer, or severe head injury brought to your hospital admission room in an unending stream! (What a Chairman for the A.C.S. Committee on Trauma he would have made!)

"S. S." did not waste this surgical opportunity. His first step was administrative. He enlarged his "trap" by careful organization of the city into six districts, with an outlying collecting station where patients were first sorted and given first aid and supportive treatment before being sent into "Mother" Sklifosovski. Communications were stressed, and a telephone network was established with the master switchboard near the beautiful mural-laden dome of the old chapel (built

in 1803 by a Count in memory of his mistress, who had died in childbirth) which was now the entrance to the new hospital. This switchboard controlled with precision the ambulances, the distribution of emergency physicians, and the inexorable flow of the most difficult and demanding cases to the operating rooms of S. S.* It is probably fair to state that the treatment of acute, emergent surgical conditions in a large city has never been equaled in the world. (And S. S., with his burning drive, operated day and night!) In 1943, the Commission was overwhelmed by this tremendous organizational accomplishment and the virtuosity of its director.

What, specifically, were some of the surgical contributions from this vast experience? To mention a few:

GASTRIC SURGERY

Yudin was an early advocate of gastric resection in the treatment of the complications of peptic ulcer. He advocated and practiced definitive gastric resection in the treatment of acute perforation of a duodenal ulcer, a plan repopularized by De Bakey a quarter of a century later. One morning in 1943, Gordon-Taylor watched him perform four gastric resections (partial and total) under spinal anesthesia (twelfth thoracic), in time to join his wife as host of a luncheon at the hospital, spiced with vodka, caviar, and blintzes (bar-le-duc and whipped sour cream rolled in crêpes). In 1943 his total experience in gastric resection had exceeded

5,500 cases, including a total gastrectomy in 1937 performed on his own mother for carcinoma (a patient whom he introduced to the Commission more than five years later).

ESOPHAGEAL RECONSTRUCTION

Surely his greatest contribution to world surgery was the solid establishment of basic techniques for the construction of an antethoracic, substernal neoesophagus with a pedicled jejunal transplant. Nowhere in the world but at the Sklifosovski could this have been done so definitively. Throughout the bitter, frigid heartland of the Russian plateau, the peasants lived in chinked log cabins which usually had a single, double-paned glass window. After months of incarceration in the humid miasma of too many people in too small a room, one can easily understand the importance of an opening—a window to see through, not one frosted between the panes to gray obscurity. The solution was a hydroscopic agent between the panes, and what was available was concentrated sulfuric acid, made by the Czar's former munitions plants. So, every log cabin in Russia had a glass of crystal-clear, waterlike acid sitting in the window sill, where child and adult alike could inadvertently drink to the death of his esophagus (much as for years most houses in America had a box of lye in the laundry, although it was not so inviting to the thirsty). And to the Sklifosovski came those who survived the first terrible ordeal, emaciated, unable to eat or perhaps even swallow their saliva, for salvation. S. S. learned how to preserve an adequate blood supply to the jejunal flap by careful section of the arcades as visualized by transillumination; how to prepare a neck-to-abdomen tunnel behind the sternum with a specifically devised spade-like instrument with a long handle, plunged fearlessly and rapidly upward without anesthesia, since the abdomen had been entered with local infiltration and ganglion blockage; and how to stage the procedure, doing the jejuno gastric anastomosis at the first step, but leaving the esophagojejunal one until two weeks later, when the blood supply of the jejunal end would be

*All telephone calls come into a central telephone room at this Institute, where there are many switchboards and an elaborate system of intercommunication and directing officials. Apparently, patients, doctors, police or friends may call in and state facts. Ambulances go out immediately, either from the Central Institute or from nearest hospital, to the patient after the information is relayed to that hospital. If a doctor is unnecessary he does not go in the ambulance, but if there has been an accident or if the case is questionable, the ambulance contains a doctor, nurse, and driver. As the message leaves the telephone control room in writing, a time clock is started and officials in the room know when the ambulance departs, for, as they leave, the doctor, nurse, and driver all press separate buttons which flash a light on in the central telephone room. A check list is also kept by the director of the time consumed by each operator per case, and the number of cases per day. Also the director in a separate room can plug into any line and listen to incoming and outgoing calls.

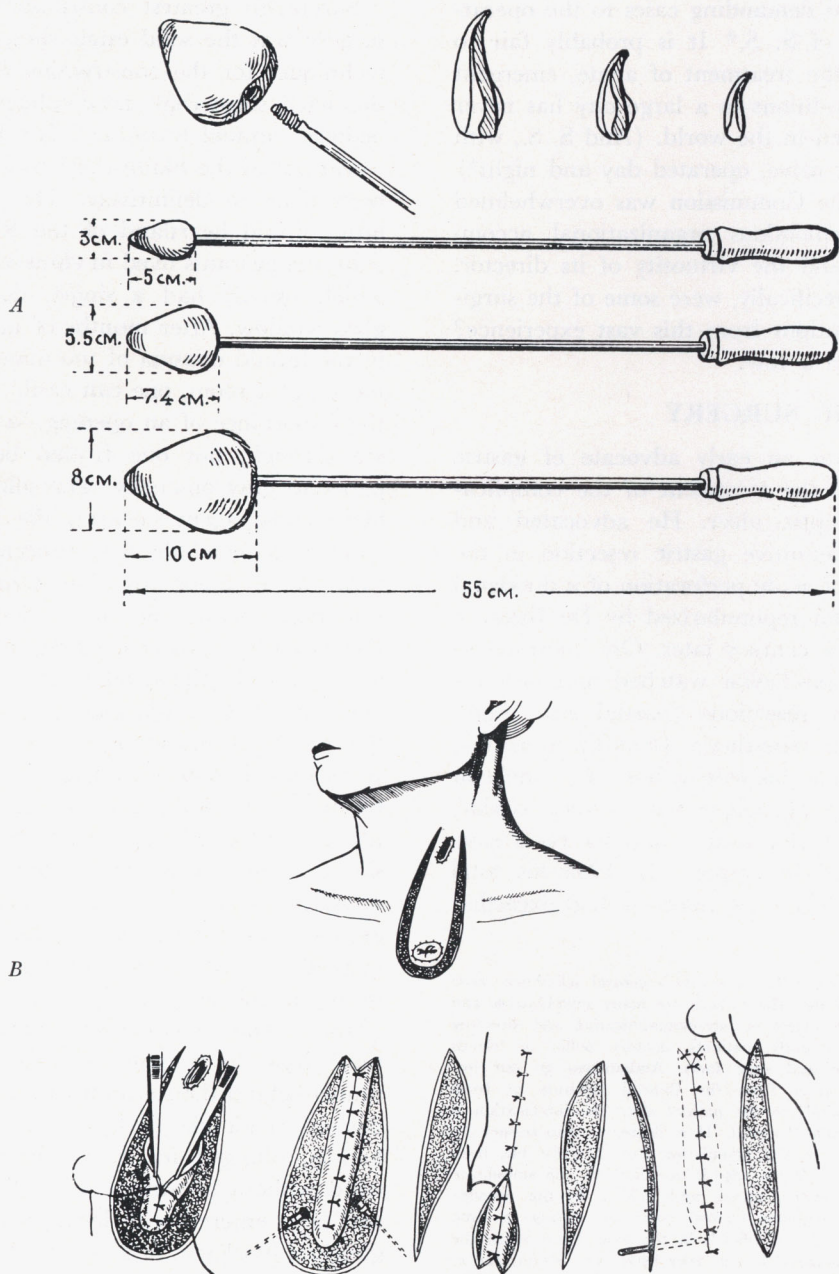


Fig. 2. *A*, Yudin's specially devised spade for the preparation of the retrosternal tunnel. *B*, The creation of a skin tube to connect esophagus to upper end of jejunal transplant for final stage of esophageal reconstruction. (From Yudin: *Surg. Gynec. & Obst.* 78: 561, 1944.)

stabilized and the fascial planes in the neck had sealed a barrier to spreading infection. And, remarkably, S. S. reasoned out these steps in advance, with his characteristic brilliant decisiveness. In 1943 he reported to the Commission on his first 88 cases, with only *two* deaths (at that time, practically the entire world experience with such a procedure)! He then performed four demonstration operations in their presence in one morning, doing the second stage of number 89 and the first stage of numbers 90, 91, and 92. By 1947, he had done 350!

BLOOD TRANSFUSION AND BANKING

With so much major trauma to deal with, S. S. early became impressed with the therapeutic benefits of blood transfusion in a period (the late 1920's) when the scientific energy of the western world was just beginning to study the potential of bovine plasma and gelatin as blood substitutes. The techniques for preservation of blood had not yet evolved, but S. S., avidly searching the available literature, seized on the report of V. N. Shamov, a physiologist working in Kharkov, who in 1928 stated that the blood of dogs that had been suddenly killed did not clot, and that it could be conveniently transfused into other dogs after storage for several days. (The fact that blood in suddenly killed animals does not clot had been observed and reported by John Hunter 150 years earlier, and Shamov just *might* have known that—in spite of Russia's official suppression of all forms of foreign communication—because he had worked in the United States for 6 months in 1918.) *Why* this should be true was not known to Hunter, Shamov, Yudin, or, for that matter, to any hematologist today.

In his experiments, S. S. saw a possible solution to the need for blood. Many accident victims in the rough, hustling city were either picked up dead or were dead on arrival at the hospital. There were many, many potential donors available. In 1930, the first unit of cadaver blood was transfused at the Sklifosovski. Within a short time, the first

practicing blood bank in the world was organized and running full blast.* By 1935 the annual harvest was about 800 liters from cadavers, with a 25 percent rejection rate because of positive Wassermann reactions, bacterial infection, or tuberculosis. By 1943, sulfonilamide was being used as a preservative; but by this time too, citrated whole blood was being used extensively in the Red Army medical installations, drawn with excellent techniques and good laboratory control at the rate of 2,000 pints a day in Moscow alone, transported to the front-line hospitals in insulated four-unit boxes, and stored there in ice block houses for use up to three weeks later. In Moscow, the Central Institute for Blood and Transfusions under Professor Bagdassarov, with 79 substations throughout Russia, was bleeding 600 donors a day who had been lured to contribute by a special food ration and some rubles (although 85 percent of the latter was expected to be put back into a government airplane construction fund). The name of the donor was placed on each ampule, and was often the source of romance, since in the Russia of 1943 blood donors were mostly women, and the severely injured soldiers often wound up for their reconstructive surgery in base hospitals in the big city. At this time the American Red Cross Blood Procurement Program was just being considered, and the Second Auxiliary Surgical Group was giving the wounded G.I. in Sicily lyophilized plasma (and a fair chance at hepatitis). Cutler and Davis, in the report based on observations of

*Blood banking was entirely a Russian invention. In 1926 the Central Institute of Hematology and Transfusions had been established in Moscow. In 1930, the Sklifosovski Cadaver Blood Bank and the Ukrainian Institute of Blood Transfusion at Kharkov were established. The next year the Leningrad Blood Transfusion Station went into service, and Filatov and Depp were soon able to report the administration of 1,529 transfusions. In 1932, a mobile blood transfusion unit was established in Paris; in 1934, Tenconi and Palozzo described 41 transfusions of citrated blood in Buenos Aires. Meanwhile, transfusion stations had opened in Kiev, Tbilisi and Baku. In 1936, Bagdassarov could report 6,345 citrated transfusions, in Moscow, and in this year began the Barcelona Blood Transfusion Service for the Republican Army in Spain. Before this war was finished, over 9,000 L. of cold blood stored in hermetically sealed containers had been transfused. In 1937, Fantus established a blood bank at Cook County Hospital in Chicago.

Russian military medicine, made Recommendation 3(c) to the Office of the Chief Surgeon, European Theater:

FACILITIES FOR BLOOD TRANSFUSION

The attached report emphasizes the great amount of blood used in the Russian Army and its easy availability. Though this doubtless wasted some blood, it made certain that every wounded man could get blood if that was desirable. *We* should establish a system making blood as well as plasma available to our forward hospitals.

Gordon-Taylor wrote in 1954 that, among other things, the name of Yudin would probably "be linked with the macabre experiment of transfusions of corpse blood." But, Watson-Jones made a better interpretation when he said, "He made a cadaveric blood bank long before anyone else talked of banks." Let us help, in this report, to put the credit squarely where it clearly belongs.

Sergei Yudin established the first working blood bank in the world (1930), worked out the techniques of collection, storage, and administration, and proved its worth. If he had made no other notable contribution, this alone should assure him a niche in Medicine's Hall of Fame.

WAR SURGERY

In icy Moscow, fractured hips were common enough and had become a matter of special interest to S. S. He had pursued this interest in bone injury during the Finnish War, where it is said that he personally cared for 2,000 compound fractures of the femur before the war with Germany began. He had accepted—in general and without iron-clad commitment—the basic tenets concerning the use of skin-tight plaster of paris first urged by Piragov in 1865 as a result of his experiences in the Crimean War. This method was

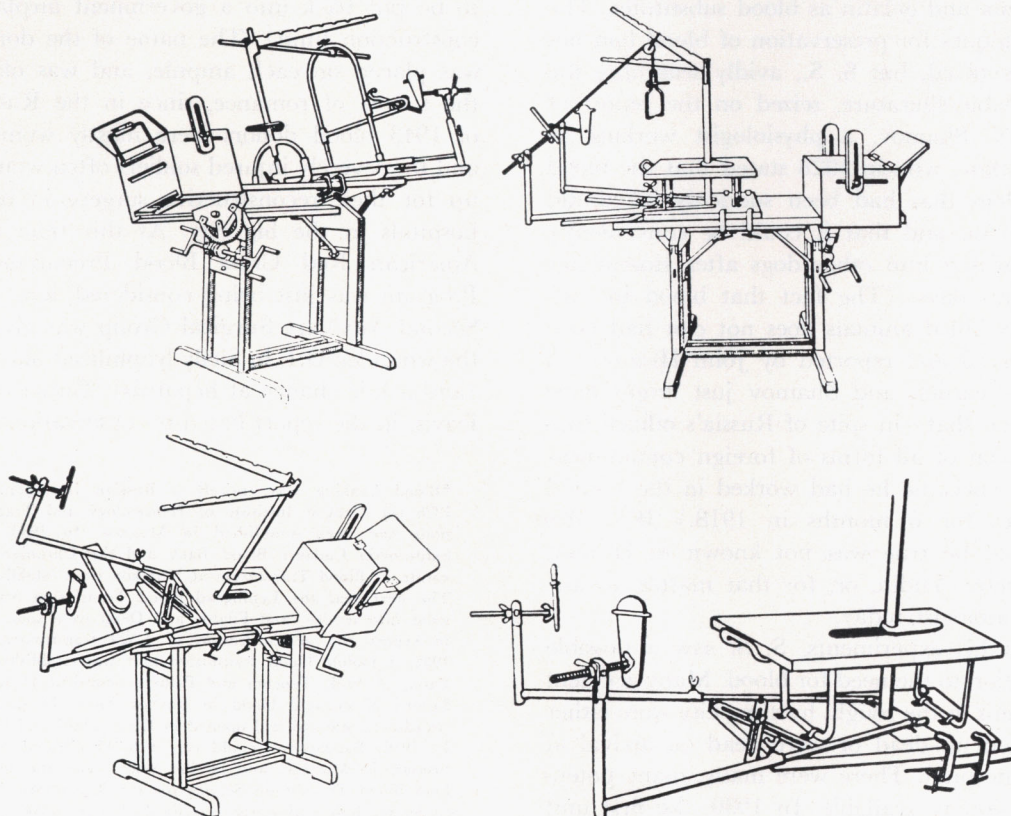


Fig. 3A. The table specially devised by Yudin for the "conveyor line" technique in the treatment of lower extremity war fractures near the front by a "femur brigade."

widely used in the Red Army hospitals in the treatment of all compound extremity wounds. But Yudin added two important principles: (A) the really wide and complete excision of all devitalized tissue, leaving the wound open, and, if need be, holding it open by suturing the skin edges to the underlying fascia (this, even if the wound were 5 to 10 days old when first seen); and (B) the *excision* rather than drainage or removal of bone fragments in joint wounds (including knee and even hip). His results with these methods were spectacular and made a tremendous impression on the Commission, who were also seeing for the first time the active practice of secondary wound closure—7 to 12 days after first debridement. By 1944, while the U. S. Field Hospital platoons leap-frogged each other to stay at the level of

Division Casualty Clearing Stations on the mobile French front, the U. S. Medical Corps had adopted the first principle (adequate wound excision); no longer had need of the second (joint excision) because of a growing supply of penicillin; and was just beginning to learn the value of the third (delayed primary or secondary closure). But Yudin, despite his coronary attack the previous year in 1942 (during his convalescence he wrote three books to serve as manuals for military surgeons on "The Treatment of Complex Fractures," "Military Field Surgery," and "The Treatment of War Wounds with Sulfonamides") was now, at the time of the Commissions visit, not only managing the Sklifosovski and operating long hours on civilian and military trauma patients, but was also running his own "Flying Femur

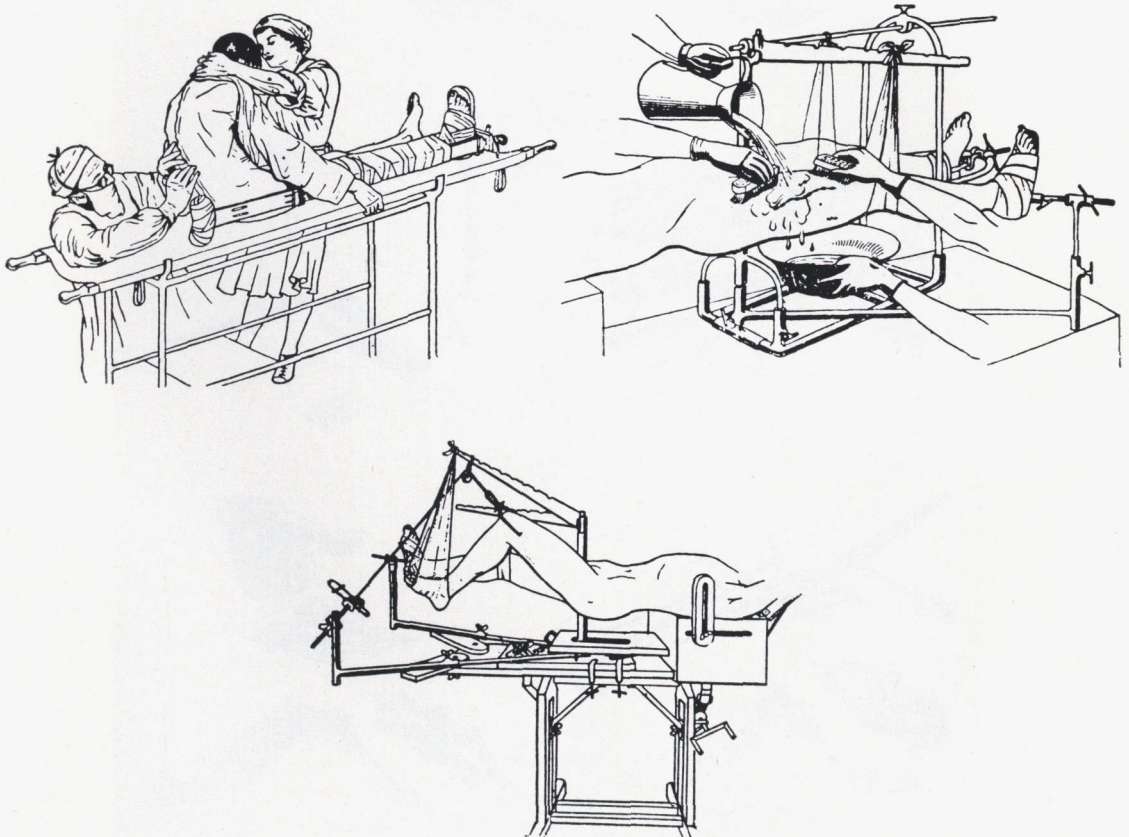


Fig. 3B. Steps in the treatment of lower extremity fractures: (1) spinal anesthesia on stretcher; (2) initial cleansing on fracture table; (3) ready for operation. (From Yudin: *Surg. Gynec. & Obst.* 78: 1, 1944.)

Brigade." By this he meant the following: In a forward hospital, a good fracture surgeon needed eight assistants and three tables going, one for careful wound cleansing, one for the actual operation, and one for the application of the cast, the three teams rotating from table to table in turn. Thirty-two cases could thus be handled by one surgeon in 16 hours, he said. This is what S. S. was doing on his "days off" from the Sklifosovski in

1943, and why he left the Commissar's office on July 15 right after the ceremony, while Davis and Carling were discussing "communication" with Kolesnikov.

But whereas the Sklifosovski period was firmly establishing his professional stature, one wonders if this same activity was not undermining his political acceptability and personal security. It is easy to visualize the constant friction between this brilliant, de-

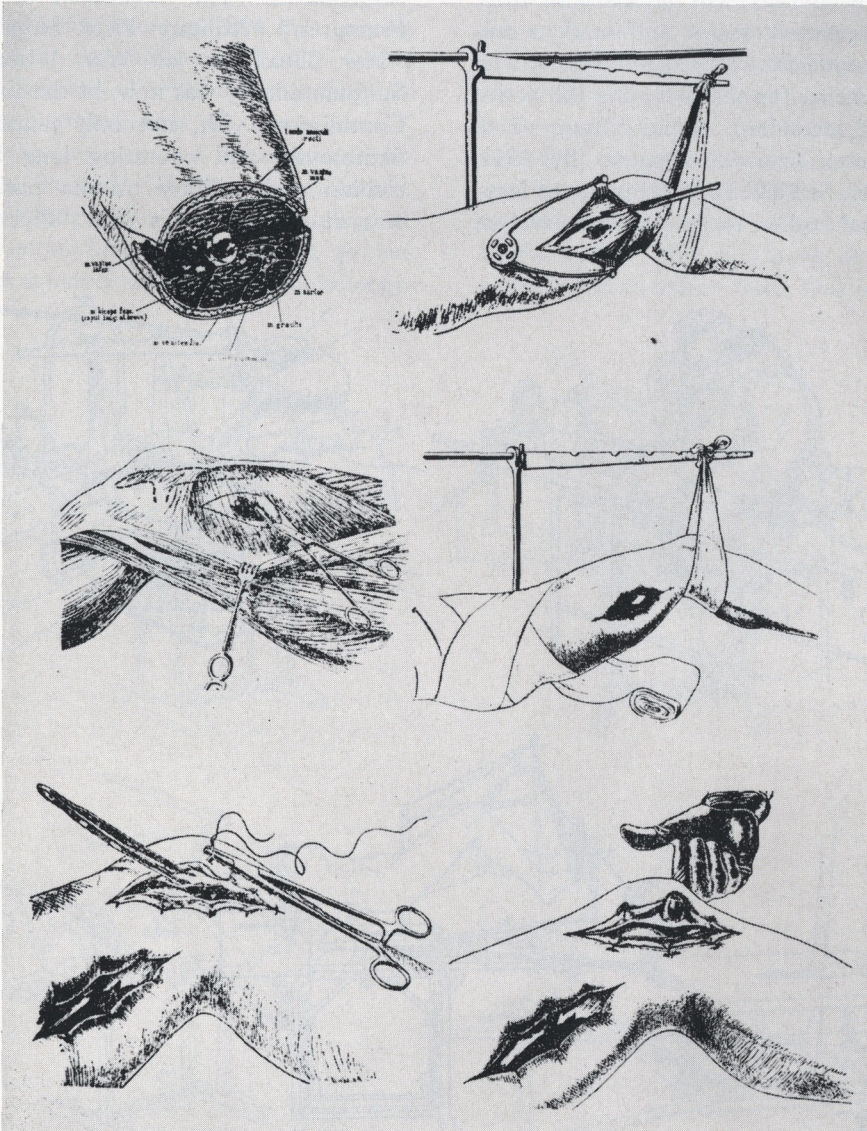


Fig. 4A. Steps in the technique of wound excision and suture of the skin to fascia preparatory to the application of plaster of paris for fracture of the lower femur. (From Yudin: *Surg. Gynec. & Obst.* 78: 1, 1944.)

cisive, energetic, individualistic administrator and the frustrating restrictions, exasperating indecision and procrastination, the buck-passing, the infuriating, meddlesome orders from the Commissar's office, and the demands for performance when the wherewithall to achieve it was withheld (a circumstance so characteristic of bureaucracy in general and totalitarian hierarchy in particular). That his inner thoughts of resentment and his overt acts of rebellion were well known to officialdom can be assumed with confidence, when it is remembered that one of his

assistants at the operating table in the Sklifosovski was a woman—the wife of a Vice-Commissar! One must assume that gradually his name rose higher and higher on the list of those who should be removed from position of authority. But his talent and stature temporarily held back official action. Here was a man who had been elected to the Georgia Society of Surgeons, was an honorary member of the N.I. Piragov Society of Surgeons (Russia's elite), an "Accomplished Scientist" of the Academy of Medical Sciences, twice laureate of the Star

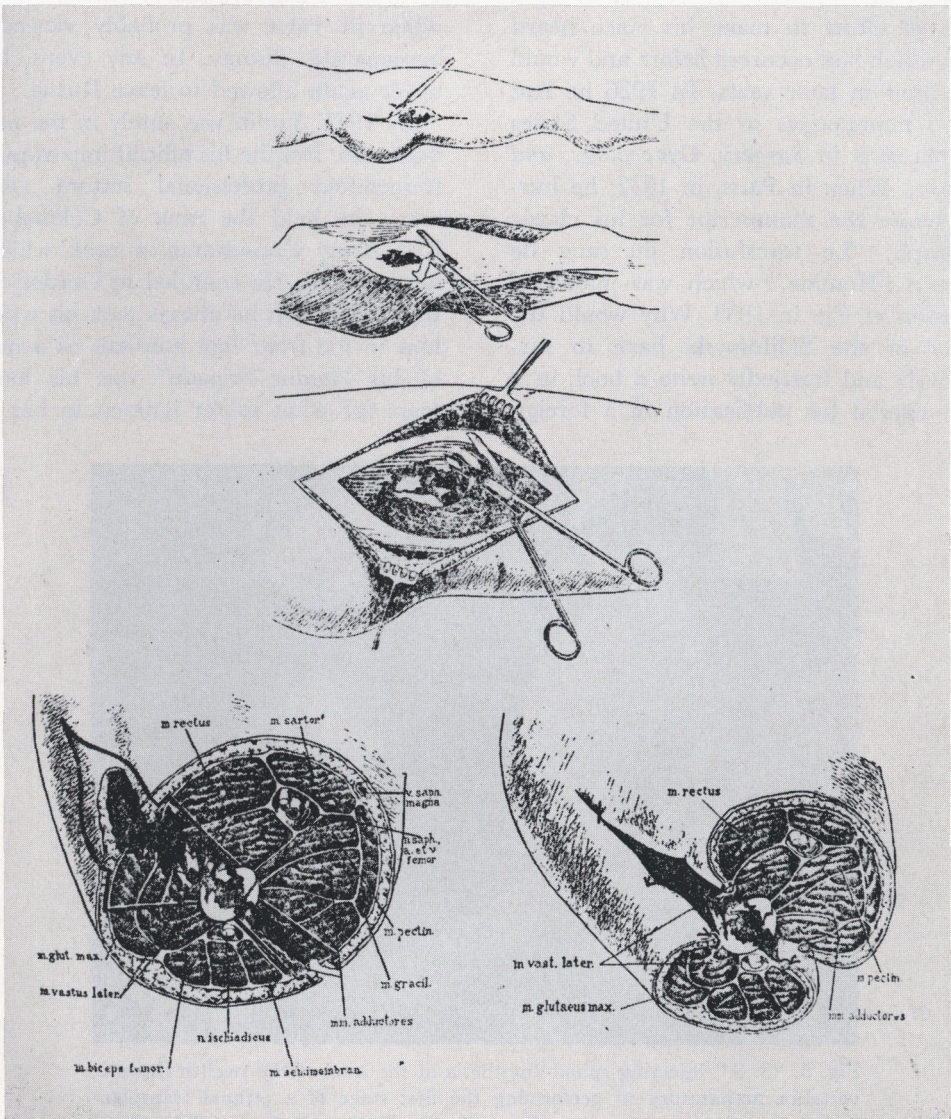


Fig. 4B. Technique for hip fracture.

of Stalin, and Professor at the Central Institute for Medical Advancement.

He was certainly Russia's best-known surgeon abroad. Indeed, he had cultivated this aspect of his life with characteristic vigor. He spoke French, German, and English. He had wangled the trip to the U.S.A. in 1926, and made sure everyone knew about it by his travel letters. He succeeded in getting another trip abroad in 1932, going to England, France, and Spain. He began correspondence, as a result of these contacts, with many distinguished European surgeons.

This latter trip saw the repetition of a pattern of effort to make his voice heard abroad which had occurred before and would repeat itself in later years. In 1926 he had left two manuscripts in the United States for publication in *Surgery, Gynecology, and Obstetrics*. When in Paris, in 1932, he hurriedly wrote the manuscript for his classic monograph, "Le transfusion du sang de cadavre a l'Homme," which was published by Masson et Cie in 1933. Why would the Director of the Sklifosovski have to surreptitiously and hurriedly write a book in a foreign capital for publication in a foreign

language by a foreign publishing house? Because he understood that if the world were to know of his work, it would never learn through the very limited and nationally restricted journals of Russian medicine; and he knew that if he tried to forward a manuscript to a Paris editor, it would go "through channels," and probably never get there.

One notices that Mrs. Yudin was never allowed to accompany her husband on his foreign journeys; rather, she was kept home in Moscow under surveillance as hostage to Sergei's good behavior abroad and sure return. His tricky evasion of official censorship while in Paris was probably viewed with bureaucratic dismay. In any event, he was never again allowed to leave Russia.

By 1943, Yudin was surely in the political doghouse. Despite his official importance and tremendous professional stature (Russia's best), he held the rank of Colonel in the Red Army Consultants, a rank which was never raised. He confided to Gordon-Taylor that the reason he always took his wife with him to the front line hospitals as a member of his "femur brigade" was his haunting fears for what might happen to her in his

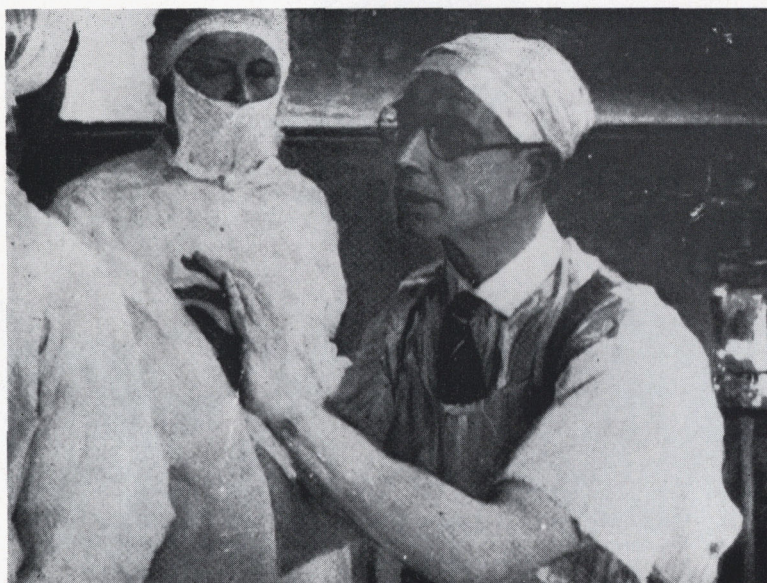


Fig. 5. "S. S." injecting spinal anesthesia at the level of the twelfth thoracic vertebra preparatory to performing the first stage of a jejunal transplant for esophageal reconstruction. (From Gordon-Taylor: *J. Bone & Joint Surg.* 36B: 503, 1954.)

absence, "reckoning her danger less in the forward area than in the capital city of the U.S.S.R." He had reason to worry. When the onward rush of the German attack swept to within 70 kilometers of Moscow's gates, his resistance to party officials in matters relating to the administration and the surgery of his hospital would have led at that time, save for Stalin's interception, to the liquidation of this great patriot and master surgeon. The lines of this internal war were clearly drawn, and only Russia's immediate need of him and the bright light of his public image held back the pen of banishment. Instead, they gave him the Order of Lenin for "face," but the future was foreseeable.

The very Mission of 1943, itself, had been a move of Yudin's. It was known to Davis and Gordon-Taylor that Yudin and Sir Archibald Clark Kerr, the British Ambassador to Russia, were good friends and had secretly (secretly?) met many times at night. It was at Yudin's urging that Clark Kerr laboriously organized the Mission, wangling Russian official approval, getting the English, American, and Canadian representatives picked and properly credentialed by their respective Research Councils and the appropriate Fellowship awards granted by the Councils of the American and Royal College of Surgeons, and then arranging the complexities of the transportation. The Commission would be approved only if all members were full professors, if it were oriented around National Research Institutes, and if the Russian surgeons (Burdenko and Yudin) would be honored. Wilder Penfield had also been urging the Commission through the American Ambassador to Britain, Winant, and had helped in achieving the organizational details in America and Britain. It was an extraordinary gigira.

And, true to form, Yudin made what proved to be his last successful move to be heard abroad. On the night of July 22, with the Commission working hard on the problem of transportation home, S. S. dropped by Loyal Davis's room in the National Hotel. Talk turned to the possibilities and urgent need of a Second Front, whereupon Davis

elaborated on the many things Britain and the United States were doing for the Soviet Union. Yudin said he knew it, but the Russian people did not know it, for the press was not free. He spoke wistfully and hopefully of the changes that would occur after the war. Then he gave Davis two manuscripts. "The Treatment of War Fractures of Femur," containing the principles of wide wound excision and early, skin-tight plaster fixation, was published in *Surgery Gynecology and Obstetrics* (78:1, 1944); "Surgical Construction of 80 Cases of Artificial Esophagus" was published in the same volume. These papers presented to the English-speaking surgical world its first glimpse of the extraordinary contribution which this masterful surgeon had made to the surgery of esophageal replacement. His next foreign publication appeared 10 years later, but he never saw it. It was hurriedly submitted after the announcement of his death!

So the Commission finally returned to their respective jobs and posts, and nothing had changed. Communication between the Western powers and Russia dwindled to a trickle. On V.E. Day, the Iron Curtain fell with a clang, and what transpired in the world of Sergei Yudin could only be conjectured.

There was foreboding across the continent. Beginning in 1947, letters from Gordon-Taylor and other correspondents were no longer answered. Nor were they returned. Just silence. In 1948, the name of Yudin no longer appeared on the editorial board of *Vestnik Khirurgii*, and the darkness was complete.

Years passed by. Had S. S. been liquidated? Or had he been, like the physiologist Shamov, sentenced to the labor battalions in Siberia? We will never know. We only know that in the London *Times* of June, 1954, appeared his obituary, based on a Moscow release in the *Medicinski Rabotnik* (Medical Worker). Gordon-Taylor believed that Yudin had been brought back from Siberia dying, although the Soviets issued a statement that he had been seriously hurt in an airplane accident. At long last, however,

the mystery was over. Sergei Sergevitch Yudin was indeed dead.

But officialdom was not yet ready to cease fire at this surgical martyr. The following is what the editors of the *Great Soviet Encyclopedia*³ were permitted to say about the greatest Soviet surgeon since Piragov.

Yudin, Sergei Sergeyevitch, 1891-1954

Soviet surgeon, Member of the U.S.S.R. Academy of Medicine since 1944. He graduated from Moscow University in 1915. Served as an army doctor, and held several important medical posts, including the Sklifosovski Institute of Moscow, where he was Chief of the Surgical Clinic.

From 1931, he was a professor of the Central Institute for Medical Advancement, and was considered a great authority in surgery. He wrote many books on the subject. Yudin received the Lenin Prize and several other decorations and medals.

Isn't that a dandy!

But, in the minds and hearts of those who knew him best—Gordon-Taylor, B. Petrov, Watson-Jones, and many others—his dynamic and inspiring personality will endure. Here was a cosmopolite, trapped in a hostile world yet undaunted in spirit, a perpetual monument to what is creative and humane in mankind.

Gordon-Taylor's tribute was from the heart:

His personality was captivating: he was poet, writer, fisherman, dilettante and lover of all things beautiful, a perfervid patriot. It is good to have known "S. S.": Let us hope that his passing was easy, and that his own devout wish may come to fruition: "We have become united in the war; let us see to it that we become united in the peace."

And as Boris Petrov said,

He did not stop before obstacles, he was not given to despondency and melancholy; he never complained. With his whole being he was living for the future, always amidst a multitude of plans, always burning with optimism. Not all his dreams came true. . . .

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